Steele

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
county Dorchest	cer				
City or townWoolf G	rds	nits, write RURAL and give nearest town)	state Maryland co		
How long in above place of deat	h? Lii	°e)
Hospital, institution, or street		eath occurred:	Street No. Woolfords (If rural, giv	re LOCATION)	********
			2.(a) If veteran, name war		
3. (a) FULL NAME		Winnie H. Beal		3. (b) Social Security Number	
4. Sex 5. Co	tor or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION	P
Male W	Thite	Married	20, DATE OF DEATHApri	1 29 19 48 21 10):55
a (I) No and book and an original	Frama	H. Stevens	21. I CERTIFY that death occurred on the date a	bove stated: that t attended deceased from	,
b.(o) name of nusband of wife			urs Js	to office 27	9.49
7. Birth date of deceased (mo., day, yr.)	March	9, 1871.	and that I last saw h	u Malema 1	RATION
	Months	Days I fless than one day	Immediate cause of death	Dun	IAIIUN
75	1	20hrsmi			
9. Birthpiace Woolfo	rds, I	or Co Md.	Due to Coroles - Renal Vas	and dreat	
		county, and state)			·········
11. Industry or business			Das ro		
			Other conditions artino Acil	m	
13. Birthplace Mar	vland		{Include pregnancy within }		
14. Maiden name Ra	chel 1	inthicum	Major findings of operations.	months of death)	
15. Birthplace Mary	land			Date of op.	
16. Informant Howar	d Bell		Antonsy results		
Address Robbin	s St.r	n Cambridge, Md.	PHYSICIAN: Please underline the cause to		у.
Burial (Burlal, cremation, or res			22. VIOLENCE: If death was due to external c		
		inty Church Cemeter			***********
Location Churc	h Cree	k, Maryland.			
	Campte	e's Funeral Service	Means of Injury	tnjured at work?	
18. Funeral directorLe	an.dmon.e	2211			

RECLEVE 1 1946
BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BD)



CERTIFICATE OF DEATH

03712 Reg. Diat. No. // 7

1. PLACE OF DE	EATH:		2. USUAL RESIDENCE (HOME) UF DECEASED: (For newborn infants give residence of mother)
			State Maryland county Dorchester
		mits, write RURAL and give nearest town)	Cliv or town . Vi enna
How long in above place	e of death?	J1hd-	
Hospital, Institution, or	r street address where	geath occurred:	Street No. Water St. (If roral, give LOCATION)
		646	2.(a) If veteran, name war
3. (a) FULL NAM		Sallie Layton Benne	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Widowed	20. DATE OF DEATH April 16., 1946 9:45PM
6.(b) Name of husband	or wifeSamue	l J. Bennett	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
(Deceas	ed 2/13/1	941)6. (c) It alive, give age year	19 46 10 4 16. 1946
7. Birth date of deceased (mo., day,	Trilar	25, 1870.	and that I last saw h. E.R. alive on 4/16 19.46
8. AGE: Year		Days It less than one day	Immediate cause of death Semonary 2 days.
75	8	23mirsmir	
			Due to la prentensina Controvasa
9. Birthplace	(Town,	Iany land county, and state)	Due 10. Dreol.
10. Usual occupation.	Domestic	b	Oue to.
11. Industry or busine			uge (c
		Layton	Diher condilions
13. Birthplace	Maryland.		(Include pregnancy within 3 months of death)
M 14 Maiden same	Laura Ja	ne McNamara	
	Maryland		Major findings of operations
		Conson	Autopsy results.
		Spear	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	nna, Mary		22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buri	al n, or removal, Which?	Date thereof April 19, 19: (month) (day) (year)	Accident, suicide, or homicide
		Cemetery	Where did injury occur?
Location	enna, Mai	yland.	
1B. Funeral director	LeCompte	s Funeral Service	Meens of Injury Injured at work?
	bridge, l		23. SIGNATURE
19 april	19 19 46	Elizabeth & Cra	23. SIGNATURE M. D. or, other Address Cacut, 26, The Date signed 177/1/1/1
(Date rec'd by r	registrar)	Registys	Address Date signed

APR 23 1946
BUREAU V.B.

TO DOUBLE THE THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

03713

CERTIFICATE OF DEATH

Reg. Dist. No. 116

And the second s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Darchester	State Maryland county Dorchester
Clty or town. Canabild E (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? 35 4 8455	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 109 Choptank Ave. (If rural, give LOCATION)
109 Choptank Ave	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Charles Harrison C	hristopher 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	
	20. DATE OF DEATH. April 18 19.46. 21 10:30 P.N
6.(b) Name of husband or wife Sarah E. Wroten	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	april 18 18 46 to Cepril 18 18 46
7. Birth date of	and that I last saw h in alto on pronounce DEAD To
deceased (mo., day, yr.) VAN. 31, 1869. 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
o. Aug.	Coronary artery/Monopes
	5 hours
9. Birthpiace Lakes Ville Dor Co. / Yary land. (Town, county, and style)	Due to. Content selections
10. Usual occupation Retired	
11. Industry or business	Due to
	Other conditions. Likewith a second s
	(Include pregnancy within 3 months of death)
14. Malden name Katherine J. Willey	Major findings of operations
14. Maiden name Katherine J. Willey 15. Birtholace Maryland.	Date of op.
16. Informant Mr. Robert H. Christopher	
	Autopsy results
Address Cambridge Maryland.	22. VIOLENCE: It death was due to external causes, till in the following
(Burial, cremation, or removal. Which?) Date thereof April 21 1946. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Green lawn Cemetery	Where did injury occur?
Location Cambridge Maryland.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Le Comptes Funeral Service	Means of Injury Injured at work?
	M 760
Address Cambridge, Maryland.	23. SIGNATURE
10 4-20- 1046 John Mace Jame	An Ar RO DO A M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

RECEIVED

APR 26 1946

BUREAU V. 6.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

D	Dist	BY.	110
LCE.	DINE.	INO.	A

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME Jane E. Courbour	13. (b) Social Security Number Hone			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Sirragle.	MEDICAL CERTIFICATION 20. DATE OF DEATH OF DEATH 13 19 46 21 3 P M			
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) No data. Wouth 1854 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace Socclestor County, and state (Town, county, and state) 10. Usual occupation.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46 to April 19.46 and that I last sawh an alive on 19.46 Immediate cause of death DURATION Due to April 25 yrs Due to April 25 yrs Due to April 26 to April 27 yrs Due to April 27 yrs			
12. Name	Other conditions			
14. Maiden name. No data 15. Birthplace 16. Informant. Dannie Consista	(Incinde pregnancy within 3 months of death) Major findings of operations			
Address 11. Buria Date thereot Divil 16" 1946. (Burial, cremation, or removal, Which?) Cemetery or crematory. Washington Cemetery. Location Huxbook M. A. C.	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide			
18. Funeral director 3. 4 translators & Sour. Address teder alsoured by registrary 19. ((Asterner's by registrary). Registrary).	23. SIGNATURE JULIAN E. Harrison M. D. or opher M. D. or opher Address M. D. or opher			



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecuence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-d)

CERTIFICATE OF DEATH

03715 Reg. Dist. No. 116

1. PLACE OF DEATH: county Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland county Dorchester
City or town	City or iown. Cambridge (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
10 Ross Court	Street No. 10 Boss Court (If rural, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Annie W. Elliott	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DF DEATH
6.(b) Name of husband or wife George F. Elliott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(Deceased-1934) 8.(c) If alive, give age years	24 1945 io 4-1 1946
7. Birth date of deceased (mo., day, yr.) June 12, 1864.	and that I last saw help alive on March 30th 19 46
8. AGE: Years Months Days If less than one day	Immediate cause of death
87 9 9hrs,min.	Uremia 3days.
	touri-place (Rt.) Local
9. Birthplace Bivalve, Maryland. (Town, county, and state)	Due to Deur Pegel (Kt.) 6 dags
10. Usual occupation Domestic	Que to arterio & cleroses Deneroles Zyss-7
11. industry or business Home	and Circhiral
12. Name William H. Dunn 13. Birthplace Maryland	Other conditions
Z 13. Birthplace Maryland	
14. Maiden name Not Known 15. Birthplace Maryland Mrs. George Willey	(Include pregnancy within 3 months of death)
2	Major findings of operations. Nous
* 15. Birthplace Wary13.10	Date of op.
16. Informant Mrs. George Willey	Autopsy results
Address Cambridge, Maryland.	
Burial Date thereof April 3, 1946 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Greenlawn Cemetery	Whera did injury occur? (City or town) (County) (State)
Location Cambridge, Maryland.	Injured at home, farm, industry, public place (where?)
18. Funeral director. LeComptais Funeral Service	Maans of Injury Injured at work?
Address Cambridge, Maryland	Todri Dec Kendelsun
1	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	



2411 N. Charles St., Baltimore 107) CERTIFICATE OF DEATH 03716

116

	-80		
Dag	Dist.	No	

1. PLACE OF DEATH: County Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	Maits, write RURAL and give nearest town)	Street No	nearest town)
3. (a) FULL NAME	ottie Freeman	3. (b) Social Securi	ty Number
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Bemale White_	widow	20. DATE OF DEATH	4 72.00
6.(b) Name of husband or wife	rge R. Freeman 8.(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended do April 24 19 45 to April and that I last saw her alive on April 6	eceased trom 6
deceased (mo., day, yr.) Nove 8. AGE: Years Months	bays It less than one day language of the state of the s	Immediate cause of death broncho-pneumonia	DURATION 2 days
1D. Usual occupation	am. England. county, and state)	Due to	
	1 Home	Dither conditions Arteriosclerosis	
H 14. Malden name	1	Hypertension (Include pregnancy within 8 months of death) Major findings of operations.	
15. Birthplace		Major indugs at aperations	
16. Informant Hospital	Records . Marvland	Autopsy results	
17 (Burial, cremation, or removed. Which Cemelery or crematory.	Date thereof (myonth) (day) (year)	22. VIOLENCE: tt death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
Location Pholda	Penna Pros	Injured at home, tarm, Industry, public place (where?)	
18. Funoral director	relouse	23. SIGNATURE Laber DE Funde	edun 0

TARGIN RESERVED FOR BINDING

ect age

(Date rec'd hy registrar)

REPORT VED
APR 10 1946
BUREAUVE

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 144

CERTIFICATE OF DEATH

Reg. Dist. No. 17/16

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
City or town Cambridge	State County County	******
City or town (If outside city or town limits, worth RURAL and give nearest town)	City or town Carulridge	
How long in above place of death?	(If outside city or town limits, write RULAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Sheel of	
	Street No. (If tural, give LOCATION)	14444444
n 1 4 !!-! !!!!!?		
How long in hospital or institution?	2.(a) It veleran, name war	
3.(a) FULL NAME	3. (b) Social Security Number	
Kohent & Jeur	4 212-12-43	71
4. Sex 5. Color or gase 6.(a) Single, married, widowed, or divorced		10
	MEDICAL CERTIFICATION	
Male while Married	20. DATE OF DEATH. apr. 23 1946 at 11:1	15 M
6,(b) Name of husband or wife Januse / tubband	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from	
0.(V) name of hospital of which	apr. 23 19/6 10 19	
7. Sirth date of	and that I last saw here alive on apr 25/1946 19.	
deceased (mo., day, yr.) Feb 16-1896		
8. AGE: Years Months Days It less than one day	Immediate cause of death	
o. Ads.	medullarg judgers on	W
50 2 hrsmin.		
Views R71	Due to acute alcoholeses 5 mg	h a
9. Birthplace	Due to with with full the state of the state	d.
2,1- 5/2, 6/46	***************************************	
10. Usual occupation.	Oue to	
11. Industry or business		
El Charle C There	Other conditions Communes of homes P	
12. Name Oscar & Jeury 13. Birtholace Orawhysho Down	Uther conditions of the state o	• • • • • • • • • • • • • • • • • • • •
	(Include pregnancy within 3 months of death)	
14. Maiden name Leale Italiey 15. Birthplace Prowbuck At Co.		
	Major fiadings of operations.	
\$1 15. Birthplace promoting the co.	Date of op	
16. Interment tourse 14. Therapy	Autopsy results.	
16. Informant	PHESICIAN: Please underline the cause to which death should be charged statistically.	
Address Tous & Cambridge		
125 Jane	22% VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide	
Novellegten Meyer at the	e did injury occur?	*******
Cemetery or crematory	(City or town) (County) (State)	
Location Carulridge M9.	Injured at home, farm, Industry, public place (where?)	
H + OPH	Means of Injury Injured at work?	
18. Funeral director.		
Address Cambridge Mad.	6 (14) 200	
	23. SIGNATURE/anner U. Norupeter M.C.	******
10 4.25. 1046 John Macek. W.	M. D. or other	. 1)
(Date rec'd by registrar) Registrar	Address whiled 100 Date signed 12	476

APR 27 1946
BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. RFD # 3 (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
City or town Rural-Cambridge (if outside city or town limits, write RURAL and give nearest town) Street No. RFD # 3 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (b) Social Security Number
MEDICAL CERTIFICATION 20. DATE OF DEATH
21. I CERTIFY that death occurred on the date above stated: I hat I attended deceased from 2 - / 0 19 4 10 4 2 8 19 4 4 19 4 19 4 19 4 19 4 19 4 19 4
Imprediate cause of death Cerebool Secondary DURATION
Due to. Due to. Other conditions Braching asthma
(Include pregnangy within 3 months of denth) Major findings of operations
Antopsy results
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Where did Injury occur?
Means of Injury Injured at work? M. Dy or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS A15 9.45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

03719

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester				2. USUAL RESIDENCE (HOM (For newborn infants give reside	(E) OF	DECEASED:	
			URAL and give nearest town)	state Maryland county Dorchester			<u>r</u>
				City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)			
How long in above place Nospitat, institution, or	of death?	death accurred	······································				
Cambrid	ge Maryl	and He	ospital	Street No. 6 Church St. (If roral, give LOCATION)			*************
				2.(a) If veteran, name war			
3. (a) FULL NAM				The state of the s			
3. (a) FULL NAME		Thoma	s B. Hubbard			3. (b) Social Securit	ty Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICA	L CE	RTIFICATION	
Male	White	Ma	arried	2D. DATE DF DEATH	pri	1 10 19.46	19:10Pm
7 Pirth date of	or wife Nett	6.(nry Hubbard years		19. 7	46 10 agric	110 1946
8. AGE: Years 72	Months	Days 17	If less than one dayhrs,min.	Immediate cause of death	e e	ident	
	Retired	••••	Co., Maryland.		-	hath	-7
置 12. Name Wi		Hubbs	ard a	Other Conditions	3 /	rellitus	1. leg +
	Mary Be	nnett		(Include pregnancy w	02	<u>L</u>	
251 15. Birthplace	Maryland				0	Date of op	***************************************
16. Informant Wil	ss Marga	ret H	ubbard	Antopsy results	· la ···li	ah daath abaald ha shees	ad ataliation fly
			mbridge, Md.	22. VIOLENCE of death was due to exte			cu various cany.
Buria (Burial, erentation	, or removal. Which?	Date ther	eof April 11 19	Accident, suicide, or homicide		Dale of	*****
			ch Cemetery	Where did injury occur?(City or	town)	(County)	(State)
Location Cam	bridge.	Maryla	and.	tnjured at home, farm, industry, public p	lace (who	ere?)	• • • • • • • • • • • • • • • • • • • •
			uneral Service	Means of Injury		Injured at work?	~
	bridge,			- Cols	ele	5. XLe) &	After 10
19. (Date rec'd by re	/3- 19-4 G	So	hum Mace It	23. SIGNATURE CAMPA Address Cambrid	GE	M.) M.) Date signe	D. ov other

APR 15 1946
BURLAU V.R.

The correct age

Evidence for change in

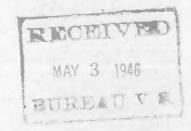
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 54

03720

CERTIFICATE OF DEATH

county Dorch	TH: ester		2. USUAL RESIDENCE (HOME) O		
City or townChu	rch Cree	k	state Maryland county Dorchester		
How lone in above place	of death? 8 Y	ears	City or town	L write RURAL and give nearest town)	
Hospital, Institution, or	sfreet address where	death occurred:			
			(If rural, give	LOCATION)	
			2.(a) If veleran, name war		
3. (a) FULL NAME		rudence A. Hurley		3. (b) Social Security Number	
4. Sex	5. Color or race	1 6.(a)Single, married, widowed, or divorced		ėmė .	
Female	White		MEDICAL CI	ERTIFICATION	
remare	wiire	Widowed	20. DATE OF DEATHApri	1 29, 1946 at 2:45PN	
6.(b) Name of husband	r wifeJohn	A. Hurley	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from	
(Deceas	ed)		s Cfril 6, 199	10 10 Upril 79 18 46	
7 Rirth date of		, 1863	and that I last saw h	pril 28, 19 46	
8. AGE: Years	Months	Days If less than one day	Immediate cange ut death	DURATION	
82 83		hrsmir			
		Don Co Md	///	(aleno)	
		Dor Co., Md.	DB Radder		
10. Usual occupation	Housewi	fe	Due to		
11. Industry or business	Domesti	c	- V		
12. NameWi 13. Birthplace Ma	lliam Hu	rley	Diher conditions desired		
13. Birthplace Ma	ryland		(Include pregnancy within 8 r	worths of death)	
14. Maiden name	Amanda E	lliott	Major furdings of operations.	18 CANCENOUS	
15. Birthplace M	aryland		Major limings at operations.	Bate of on 19 XJ.	
14. Maiden name 15. Birthplace M 16. informantMP.S	. Waldro	n Foxwell			
		k, Maryland	PHYSICIAN: Please underline the cause tu wh	aich death shuuld be charged statistically.	
			22. VIOLENCE: If death was due to external cau		
		Date thereof		Dale of	
Cemetery or cremator	Vienna	Cemetery	Where did injury occur?(City or town)	(County) (State)	
LocationVien	na, Marv	land	II .		
		s Funeral Service	Manage of talling	Injured at work?	
	-	aryland.	(1)/1 70	Hours	
Address 1 m see to		John Mace Jo			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

03721 Reg. Dist. No. 116

CERTIFI	CATE	OF	DE.	TH
	CALL			

1. PLACE OF DEA	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Dorchester City or town Church Creek (If outside city or town limits, write RURAL and give nearest town)			state Maryland county Dorchester			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?Life.			Pite or town Ullul Ull Ul	k		
How long in above place Hospital, institution, or	of death?Lill.E	eath occurred:				
			Street No)]ve LOCATION)		
How long in hospital or	instilution?		2.(a) If veteran, name war	•		
3. (a) FULL NAME		hn W. Jones		3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL (CERTIFICATION		
Male	White	Married	20. DATE OF DEATH	17 5, 1946 al:10A.m		
6.(b) Name of husband	or wifeSalli	e E. Smith	21. I CERTIFY that death occurred on the date a	above stated; that I attended deceased from		
7. Birth date of			ears	1946		
deceased (mo., day, y	n) May 28,		Immediate cause of death			
8. AGE: Years 78	Months 10	Days If less than one dayhrs.	Arterio-colo			
9. Birthplace.Chui	cch Creek	Dor. Co., Md.	Due to			
10. Usual occupation	Farmer		Due to			
11. Industry or business	Retired					
12. Name JOI	n W. Jor	les	Dther conditions			
13. Birthplace Mg	ryland		(Include pregnancy within	3 months of death)		
14. Maiden name	Sarah E.	Linthicum		Major fludings of operations.		
14. Maiden name	Maryland		Major hadas of options			
16. InformantMr.	s. Sallie	E. Jones	Autopsy results			
AddressChur	ch Creek,	Maryland	22. VIOLENCE: If death was due to external of			
17 Buria	al	Date thereof April 7, 19 (month) (day) (year)	46 Accident suicide or homicide	Date of		
				(County) (State)		
Cemetery or crematory Old Trinty Cemetery						
		Maryland.	44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(where?)		
	-	s Funeral Service				
Address Camb	oridge, N	aryland.	23. SIGNATURE G H TRECOS	est .		
19. (Date fee'd by/reg	19. 4 G	John / Jaco Jaco Regis		M. D. or other Date signed 1/11/44		

RECEITATED
APR 10 1946
RITELAUTE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-2)

CERTIFICATE OF DEATH

03722 Reg. Dist. No. //6

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give-learest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear no oborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Clark It. Lewis	3. (b) Social Security Number
B,(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE OF DEATH 19 46al 2:15 M 21. I CERTIFY that death occurred on the dale above stated; that I atlended deceased from 19 46 to 21 19 46 and that I last saw h 22 19 46 to 21 19 46
8. AGE: Years Months Bays I less than one day Vo V Months Months May 9. Birthplace (Temps county, and state)	Due to Oftensian from other Chronic
11. Industry or business 11. Name. Welliam L. Lewis 13. Birthplace Vilence Md.	Due to
14. Maiden name. Mary to. Clark 15. Birthplace Rike, M.	(Include pregnancy within 3 months of death) Major findings of operations
Address Linkward Md. 17. (Burial, cremation, or remiyar Which?) Rule thereof april 23-4. (Cemetery or crematory and Pure Market.)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Security Market, Ma Address Carulrige Md.	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
19. 4-23-19. 46 John Misself M. Registrat	Address and June Markey Bate signed 4/22/46

APR 26 1946
BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

Evid	lence	for	ad	dit	tion	of	
info	ormati	on	on	cei	rtifi	cate	
is s	shown	on					

MARYLAND STATE DEPARTMENT OF HEALTH

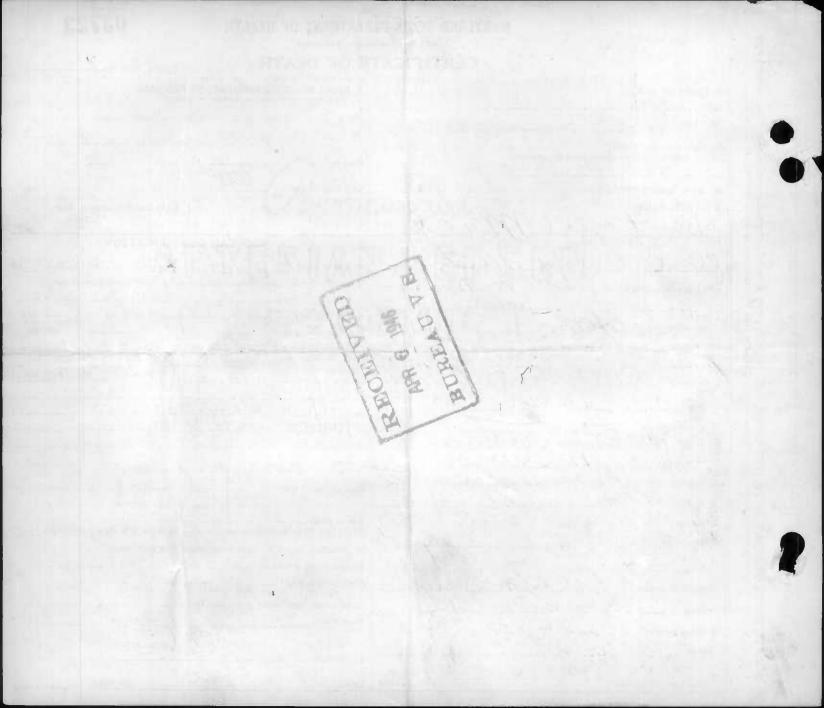
2411 N. Charles St., Baltimore 146-0

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CERTIFI	CATE	OF	DEATH
CERIIFI	CAIL	Ur	DEALE

01	DELLERA	Re	g. Dist. No	
USUA	L RESIDENCE (HOM	IE) OF DECEAS	ED:	

FILM NO TO ADD TO THE	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: APR 12 1946 County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 days	State Maryland County Dorchester City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Cambridge Maryland Hospital	Street No
How long in hospital or institution?	2.(a) If veleran, name war
Benteria Mack	3. (b) Social Security Number
A. Sex S. Color or race of Calaba Midowed, or differed	MEDICAL CERTIFICATION 20. DATE OF DEATH PRIL 3. 1946 21/7:38 A
6.(b) Name of husband or wife Callin Mack	21. CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of deceased (mo., day, yr.) Sach Oct Garage Gara	and that t tast saw h. C.R. alive on
8. AGE: Years Months Bays If less than one day	7
9. Birlhplace (Towngeyunty, and state) 10. Usual occupallon.	Due to TOXEMIA OF REENANGY
11. Industry or business	PHACENTIA PROVIA
12. Name Millon Bluggin	Other conditions
14. Malden named Monday Lecomond	Major findings of operations. Source. Date of op.
16. Informant Maly flances Canton Address Canton Add	Antopsy results
17. (Burial, cremation, or removal, Which?) Date thereot, Afall (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Church Culled	Where did injury occur?
18. Funeral director Lely 3 H Bayrue	Means of tnjury Injured at work?
Address Camberage na	23. SIGNATURES M. D. or other



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

03724

Reg. Diet. No. 116

1. PLACE OF DI	EATH: nester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Can	mbridge		state Maryland county Dorchester		r
(If	outside city or town I	imits, write RURAL and give nearest town)	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, Institution, o	or street address where	death occurred:	Streel No. Dorchester		
Cambrid	ige Armor	yGay St.	Streel No. (If rural, give		
How long in hospital	er Institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	AE :	Raymond J. McCarter		3. (b) Social Security 1 214-07-717	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Married	20. DATE OF DEATH Apri	1 11. 1946	at10:30Am
	Flox	ence Bramble McCarte			
6.(b) Name of husban			19		
7. Birth date of			and that I last saw halive on		19
8. AGE: Yea		14, 1892. Days If less than one day	Immediate cause of death		DURATION
8. AGE: 162 53		27hrsmin.	T) weare of	Coronary	Rarnol
			2.4	Cotton	yeare
9. Birthplace.Ma.C	dison, Do	r. Co. Maryland.	Due to	The state of the s	
10. Usual occupation	Drawbrid	ge Attendent		***************************************	***************************************
		oad Commission	Due to		***************************************
		McCarter	Other conditions	***************************************	***************************************
	Maryland				
		Burton	(Include pregnancy within 3 n	nonths of death)	
12			Major findings of operations		
	Maryland.	- Conton			
1	Nolan M		Antopsy results		statistically.
		Ave., Cambridge, Md.	22. VIOLENCE: If death was due to external cau-	ses, till in the tollowing;	
Buris cremation	al	Dale thereof April 14, 194	Accident, suicide, or homicide		
Cemetery or crematory. Dorchester Memorial Park		Where did Injury occur?(City or town)	(Connty)	(State)	
		Maryland.	Injured at home, farm, Industry, public place (wh		
1	_ ,		Means of Injury	Injured at work?	
18. Funeral director. LeCompte's Funeral Service.			0 11 40.	0.1	6
Address Car	moridge,	Mary land.	23 SIGNATURE 1. Chris	n Dof Mig	Cran,
19. 7//	19 1/6	John Mace & 1.	Address fram bridge	M. D. o	/ / / .
(Date rec d by I	regisorur)	OceRistrat	Audress.		196

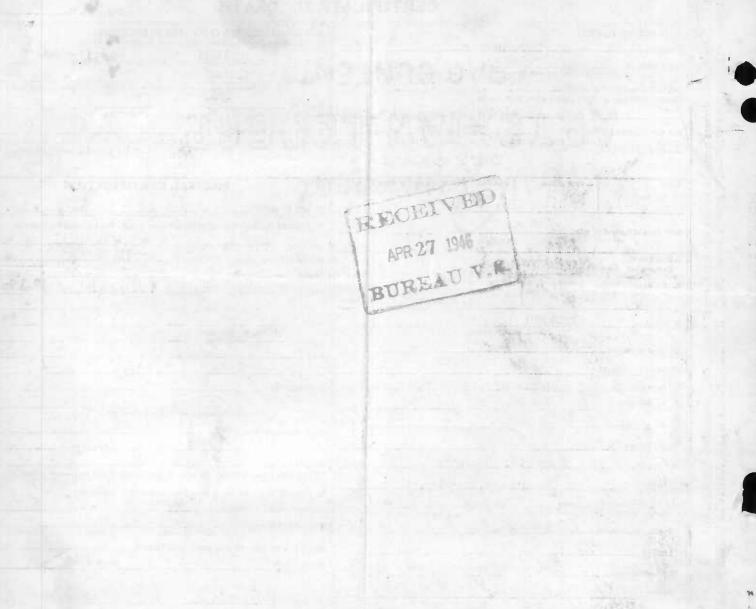
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA		, ,		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
County				" Manuland Banktester		
City or town		hridge	URAL and give nearest town) MOS. 22 ds	Picina Cun		
(II o	at death?	yrs 5	mos. 22 ds	City or town	its write RIRAL and give nes	rest town)
How long in above place Hospital, Institution, or				City or town		
noopital motivation of	Ea	stern	Shore StatevHospi	Sheet No.	re LOCATION)	
)	9 v1	s 5 mos 22 ds	2.(a) If veteran, name war		
				2.(G) II veteran, name war		
3. (a) FULL NAMI	E	Char	cles McCummins		3. (b) Social Security 1	Number
		Ullai	Les medumitins		none	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Male	White	Sir	ngle	A:7	22 16	30 75-
24020	1111100	0.2.1	1620	20. DATE OF DEATH April		
6.(b) Name of husband	or wife		***************************************	21. I CERTIFY that death occurred on the date at		
				May l		
7. Birth date of			c) If alive, give ageyears	and that I last saw h im alive on	April 22	19.46
deceased (mo., day, y		Jnknown		Immediate cause of death		DURATION
8. AGE: Years		Days	If less than one day	Bronchopnuemonia	and pleurisy	
	51		hrs min.	•		
	Unknown			Que to.		***************************************
9. Birthplace	(Town,	county, and	state)	Due 10	,	***************************************
1D. Usual occupation	None)	***************************************
				Due to		***************************************
11. Industry or busines:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12. Name	Unkn	own	***************************************	Diher conditions	***************************************	***************************************
13. Birthplace		I T		(Include pregnancy within 3 months of death)		
置 14. Maiden name		11				
TIO 14. Maiden name.		1	***************************************	Major findings of operations	***************************************	•••••
15. Birthplace					Date of op	
16, Informant	Hospi	tal Red	ords	Autopsy results		
Address	Cambi	midmo I	Abra faral	PHYSICIAN: Please underline the cause to	which death should he charged	statistically.
0 10	Camb	,	Varyland 26 1601	22. VIOLENCE: If death was due to external ca	auses, fill in the following;	
17/Dunel	, or removal. Which?	Date ther	eof. (month) (day) (year)	Accident, suicide, or homicide		
	10000	and t	Pai	Where did injury occur?(City or town)	**************************************	
Cemetery or cremeto	F1 f					
Location	A			Injured at home, farm, Industry, public place (
1B. Funeral director	4.6.	142	m,	Meens of Injury	tnjured at work?	
ib. Funeral director	76	0	11 - A ()	P	11/) /
Address	17 sin	1 0	in Ina	23. SIGNATURE	M. Brunn	dor Kill
4-2.	5. 4/6	los	Marce In mo	13		or other
19. (Date rec'd by re	gistrar)		Registrar	Address Cambridge	Date signed	April 23



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

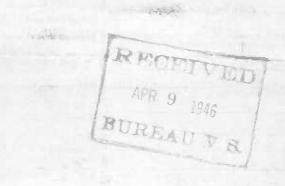
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-8

CERTIFICATE OF DEATH

U3726/6
Reg. Dist. No.

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	rchester		***************************************					
			RURAL and give nearest town)					
How long in above place Hospital, Institution,	ce of death?19 or street address where	days	d:					
East	ern Shore S	tate H	lospital	Street No				
How long In hospital	or institution?1	9 days		2.(a) If veteran, name war				
3. (a) FULL NAM	1E				3. (b) Social Security Number			
		Meeki			none			
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION			
Female	White		Married	20. DATE OF DEATH April 3,	1946 at 2.25P M			
8.(b) Name of husban	d or wife. Mr. An	drew N	eekins	21. I CERTIFY that death occurred on the date abo				
			c) If alive, give age	March 15 19	46 10 April 3 19 46 oril 3 19 46			
deceased (mo., day	- White Work	y 28.	1889		1 Thrombosis 30b pungtion			
8. AGE: Yea	rs Months	Days	It less than one day	Cerebral Arteriosclerosis				
57	7 2	6	hrsmln.					
9. Birthplace	North East	Cecil	County, Maryland	and Due to				
				Due to.				
11. Industry or busine	ess Own H	ome						
E				Other conditions Manic Depr				
13. Birfhplace				(Include pregnancy within 3 months of death)				
E 14. Malden name	. Kathe:	rine W	yre	Major findings of operations				
HLOS 14. Malden name	Cecil	Count	y. Maryland	and the same of th	Date of op.			
16. Informant	Hospital R	ecords						
Address	Cambridge	e. Mar	vland	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.			
17. Bu	rial		eof April 6,1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide				
Cemetery or crema	TiT de	h Eas		Where did injury occur?				
Location	North Eas	t, Ce	ecil Co., Nd.	Injured at home, farm, industry, public place (w	where?)			
18. Funerat director.	1 -1 -	alle	rann Velow	Meens of Injury	Injured at work?			
Address	Perryvil	le,	Md.	0, 7,	Br. 210			
•	0 4 19 4C		bumace boxes		M. D. or other			
(Date rec'd by 1	egistrar)		Registrar	Maddress Cambridge, Marylan	nd Date signed 4/3/16			



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CERTIFICA	ATE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 Day Hospital, Institution, or street address where death occurred: Cambridge Maryland Hospital How long in hospital or institution? 12 Hours 3. (a) FULL NAME Oswald B. Mere	Street No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wale Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
(Deceased) 7. Birth date of deceased (mo., day, yr.) Solve age, grant date of deceased (mo., day, yr.) Solve age, grant date of deceased (mo., day, yr.)	ars and that I last saw h Langellye on grand 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days It less than one day 49 3 7hrs	Cerebral Kemourhags:
9. Birthplace Toddville, Dor. Co., Md. (Town, county, and state) 10. Usual occupation. Oyster Packer 11. Industry or business Seafood Packer	
12. Name Charles Meredith 13. Birthplace Maryland	Other conditions
14. Malden name Victoria Robinson 15. Birthplace Maryland 16. Interment Miss Blanche Kirwan	(Include pregnancy within 3 mentine of death) Major findings of operations
16. Intermant Miss Blanche Kirwan Address Crapo, Dor. Co., Maryland.	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. Burial Date there April 30. 194 (Burial, cremation, or removal. Which?)	
cemetery or crematory Dorchester Memorial Park Location Cambridge, Maryland.	Injured at home, farm, Industry, public place (where?)
18. Funeral director LeCompte's Funeral Service	- 32 SIGNATURE Eld Sides, Acolflus
19. Ang st 46 Che Mace Tr (Date rec'dly tygistrar)	Address Cauchuly Red Date signed 4 284

MARGIN RESERVED FOR BINDING



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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0)

CERTIFICATE OF DEATH

<u> </u>	Reg. Dist. No.110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	(For newborn infants give residence of mother) StateMaryland County Dorchester
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Vrs 3 MOB 8days Hospital, institution, or street address where death occurred: Eastern Shore State Hospital How long in hospital or institution? 3 Vrs 3 Mos 8 days	Clty or town
3.(a) FULL NAME Anna Maria Phillips	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife ISAAC Phillips 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) July 1. 1861	21.1 CERTIFY that death occurred on the date above stated; that I ettended deceased from December 28 19 46 to April 5 19 46 end that I last saw h. er. alive on April 5 19 46
8. AGE: Years Months Days If less than one day	Immediate canse of death
9. Birthplace Bishopshead, Dor. Cty, Maryland (Town, county, and state) 10. Usual occupation Housewife	Due to
11. Industry or business 12. Name	Dther conditions Hemiplegia psychosis With cerebral artericsclerosis (Iuclade pregnancy within 3 months of death) Major findings of operations Date of op.
Address Cambridge, Maryland 17. Burial Date thereof April 7, 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory Dorchester Memorial Park Location Cambridge, Maryland	Autopsy results
18. Funeral director LeComete's Fneral Service Address Cambridge, Maryland. 19. / John Tocal Maryland (Date red of registrar)	Means of injury Injured at work? 23. SIGNATURE About M. D. or other Address. Date signed.

Registrar | Address

RECEIVED 1918
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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

1. PLACE OF DEATH: County Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Chy or town Cambridge			state Maryland county Dorchester	r	
Cliy or town			Cambridge		
How long in above place of death?	severa	1 years	(If outside city or town limits, write RURAL and give neare	st town)	
Hospital, Institution, or street an Cambridge-Ma	dress where death occurred	enital	Street No. Bramble's Grove		
			(If rural, give LOCATION)		
How long in hospital or institution	, 1 Hour	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME	Queenie Pr	imus	3. (b) Social Security Nu	ımber	
4. Sex 5. Color	or race 6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
female co.	Lored m	arried	20. DATE OF DEATH. April 7	2 P. M	
6.(b) Hame of husband or wife	Frank P	rimus	21, I CERTIFY that death occurred on the date above stated: that I attended decease		
			X 19 10 X		
7. Birth date of		o If alive, give age 50 years	and that I last saw h X allve on X		
deceased (mo., day, yr.)	December 19	9,1895	Immediate cause of death Haemorrhage	DURATION	
0. 1.00.	nths Days	It less than one day	following stab wounds in	DONATION	
50	3 19	Xhrs. Xmin.	chest		
9. Birthplace	Ploride		CHOSU	***************************************	
9. Birthplace	(month country) was be	cate)	Due to		
10. Usual occupation	HOUSEWORK		и		
11. Industry or business			Oue to	••••	
	nknown				
百 12. name	Flor	i ർമ	Other conditions.	************************	
		Lua	(Include pregnancy within 3 months of death)		
14. Maiden name		***************************************	Major findings of operations.		
15. Birthplace	Floa	rida			
Frank	Primus		Oate of op		
TV. III WILLIAM C	***************************************	0 3 4 3 34	Autopsy results		
Address Bramble	s's Grove	- Cambridge, Md	•	indicany.	
17 St. Lelsand. (Burial, cremation, or remov	CVI Made there	askul 10	22. VIOLENCE: If death was due to external causes, fill in the following:	TIAC	
	al, Which?	(month) (day) (year)	Accident, suicide, or homicide homicide Date of Apr	M-7	
Cemetery or crematory.	anders	lal	Where did injury occur? Cambridge Dor. (City or town) (County) (S	Wid a	
Incation (C.C.)	much ein	1 al	Injured at home, farm, Industry, public place (where?) home		
C.	- 8 11 10		Means of injury Stab Wounds Injured et work?	no	
1B. Funeral director.	D. M. U.J.	Engelee	Injures et workt	110	
Address 20 t Ma	alden	gran. It	(10 18 cs/	, 6,	
4-10-	11 11	m. 11 -5	23. SIGHATURE FR. M. Shriver Def Mid.	ther July 18.	
(Date rec'd hy registrar)	19 7 6	w Mace & - Me Registrar	Address Cambridge Md. Bats slened A	pr.8/46	

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VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

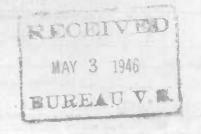
2411 N. Charles St., Baltimore 740 CERTIFICATE OF DEATH



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Reg. Diat. No. 156

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
countyDorchester				State Maryland county Dorchest	An
City or town	bridge	nits, write R	URAL and give nearest town)		
How long in above place	of death? 19	Year	S	City or town	nearest town)
Hospital, Institution, or	street address where d	leath occurred	:	Street No. 416 Hughlett St.	
416 H	lughlett	S.t		Street No. 416 Hughlett St. (if rural, give LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war	
3. (a) FULL NAME	E			3. (b) Social Securi	ity Number
		L	eander W. Prite	chett	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	W	idowed	20. DATE OF DEATH April 26 1946	at 8:30P M
	Kotio	modd.		21. I CERTIFY that death occurred on the date above stated; that I attended of	and the same of th
				1000 of The plant	A19
(Died De	c. 10, 1	943)6.(e) It alive, give ageyears	and that I last saw h alve on a word arrive	19
deceased (mo., day, y	n) Jan.	31.	1878.	Immediate cause of death.	
8. AGE: Years	Months	Days	It less than one day	Coronale occlusions	
68	2	26	hrsmln.		
9. BirthplaceCr.O	cheron	Dor and s	Co. Md.	Due to	
1D Usual occupation	Waterma	n			
	Seafoo			Due to	******
			tt		
t		T-ACTIO	. L	Other conditions	******
13. Birthplace	aryland			(Include pregnancy within 3 months of death)	
置 14. Maiden name	Frances	L. Mu	rphy	Major findings of operations Descriptions	
15. Birthplace	Maryland			Rate of on	
14. Maiden name 15. Birthplace	Stanley	W. P	ritchett	Autopsy results. NOUS	
ig, intormant				PHYSICIAN: Please underline the cause tu which death should be char	ged statistically.
	-		Cambridge, Md	11 ST. A LOUDING: II ASSAUL MAS ONE to external canses! the in the community	
Buria Buria	or removal. Which?)	Date there	eotApril 29 1944	Accident, suicide, or homicide	
			Memorial Park	Where did injury occur?	
LocationCa	mbridge,	Mary	land.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director I	eCompte!	s Fun	eral Service	Meens of Injury Threed at work?	
	bridge,			33. SIGNATURE DE PUTE Medical 4	Lauries
£-,	- 46	(hu Mace Jun	a3. SIGNATURE M.	D, or other
19. (Date ree'd by re	19.46 gistrar)		Registrar	Address Lambridge Mide Date sign	ed 4-28-46



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

I. PLACE OF DEATH:	(For newborn infants give residence of mother)		
county Dorchester	State Maryland county Dorchester		
Cily or town	City or town Rural Wingate (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Streel No. Wingate		
Cambridge Maryland Hospital	Streel No		
How long in hospital or institution? 9 Days	2.(a) If veteran, name war		
3.(a) FULL NAME Victoria Adams Prite	3. (b) Social Security Number		
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	2D. DATE DF DEATH. April 16, 19.46 at 12:4;		
6.(b) Name of husband or wife Edward E. Pritchett (Deceased 3/24/1943) 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) Oct. 24, 1868.	and that I last saw har alive on April 194		
8. AGE: Years Months Days If less than one day 77 5 22	182		
9. Birthplace Wingate, Dor. Co., Maryland 10. Usual occupation. Domestic.	00		
11. Industry or business Home			
12. Name Wesley Adams	Diher conditions		
13. Birtholace Maryland	(Include pregnancy within 3 months of death)		
E 14. Maiden name Louise Parks	(Include pregnancy within 3 months of death) Major findings of operations		
\$ 15. Birtholace Maryland	Date of op		
16. Informant Mr. Hillary Pritchett	Autopsy results		
Address Toddville, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burial Date thereo April 18, 194 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Adams Cemetery			
Location Wingate, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director LeCompte's Funeral Service	Means of Injury Injured at work?		
Address Cambridge, Maryland	CS. SIGNATURE G. H. Jacobse M. D. or other		
19. 4-17-19-6 John Mace Stal	Address Regarded 2 Deed 1919 Signed 4/17/4		

AFR 20 1946
BUREAU V B

PET THE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 930

CERTIFICATE OF DEATH

03732

	108.
COUNTY NOVELLES LES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
5/ ./ -/-	state manyland county Dove heater
(If outside city or town limits, write RURAL and give nearest town)	City or town Hurlook and
How tong in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No
How tong In hospitat or Institution?	2.(a) If veteran, name war
Salah H Rosel.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tesuale Whete Widow	20. DATE DE DEATH abril 16 10.46 21 4:00 A N
6.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	april 14 1946 10 april 16 1946
7. 8 irth date of	and that I last saw h. 22 alive on April 15 19.46
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
88 / / 5min	myocardial Legeneration /ys +
9. Sirthplace (Town, county, and state)	Due to accuracy ar fibrilation 3 days
1D. Usual occopation. House work	Due to general arteriosclerosis 5450+
11. Industry or business	
12. Name 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Other conditions
14. Maiden name a gateth Mellegand	(Include pregnancy within 3 months of death)
15. Birthptace MA	Major fiudings of operations.
Nalay Wans	- Date of op.
16. Informant	Autopsy results
Address Address Date thereof of sil 18 1946	22. VIOLENCE: tf deafh was due to external couses, fill to the following;
(Burlal, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Autoback	Injured at home, farm, Industry, public place (where?)
18. Fuoerat director 5 3 Welloughly.	Means of injury Injured et work?
Address Hurlock	William O. Harrison MD
19 April 18 - 19 46 Chers of Hereing	23. SIGNATURE M. D. or other Address Hurback Md. Date signed 4/17/46
The state of the s	Maniess signed signed



APR 22 1M5
BULLEAU V B.

MARGIN RESERVED FOR BINDING

CED	411 N. Charles St., Baltimore (3)
CER	CIFICATE OF DEATH Reg. Dist. No. 1/6
1. PLACE OF DEATH: County Dorchefter City or town Carberter (If outside city or town limits, write RURAL and give ne How long In above place of death? 20 9 20 5 Hospital, Institution, or street address where death occurred:	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Margaret Jon	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or Fernale White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. APRIL 17, 19 46., 21 6:30 F
8. (b) Name of husband or wife Charles H. Seward 5. (c) If allve, give age 7. Birth date of deceased (mo., day, yr.) Nov. 26, 1866. 8. AGE: Years Months Days If less than one 79 4 21hrs.	Immediate cause of death DURATION
10. Usual occupation	Due to. Arteria Selevation Bus to. Description
12. Name Vames Jones 13. Birthplace Mary land. 14. Malden name Margaret Radelitt 15. Birthplace Mary land.	hts/or summes or obergrams.
16. Informant Mr. C. H. Seward Address /3 Locust St., Cambridge	Antopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory Dorchester Memorial Location Cambridge Mary land.	Park Where did injury occur? (City or town) (County) (State)
18. Funeral director Le Compteis Funeral Address Cambridge, Marylana 19. 4-20-1846 Dohn Ma	Sorvice Means of Injury Injured, at work? 23. SIDNATURE Parrials Herollium

APR 26 1946 BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

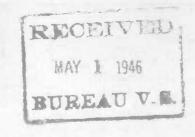
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0



CERTIFICATE OF DEATH

County				(For newborn infants give residence of mother) Slate Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Street Mo. Pine Street (If rural, give LOCATION)		
How long in hospital or	Institution?			2.(a) If veteran, name war		
3. (a) FULL NAME			D SMITH	3. (b) Social Security Number		
4. Sex Male	colored		e, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH April 19, 19, 46, 1/ 4, N		
6.(b) Name of husband of Dece 7. Birth date of deceased (mo., day, yr	ased		Smith c) If alive, give ageyears 1872	21. I CERTIFY that death occurred on the date above stated: that I wooded decreased from 19		
8. AGE: Years 74		Days	It less than one dayhrsmin.	Cerebal Kemarkage - Iday		
9. Birthplace.,	Lahore	county, and s	elaware	Due to Arterio Peter of work & y s. Bus to.		
11. Industry or business 12. Name	Issac Sm: Parson: Martha	sburg		Other conditions Drymal Leruna 3 yr. (Include pregnancy within 3 months of death) Major findings of operations		
Address E Address E Buri (Burial, cremation, Cemetery or cremator Location	Pine St. AA orremoval Which? Willia Harrin	Cambr Date there msvil gton, H. Bay	idge, Md. 4-23-36 (month) (day) (year) Le Cembery Delaware	Autopsy results PHYSICIAN: Please noderline the canse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
19. 4-2. (Date rec'd by reg	3- 19 46	fo	hu Macel Ma	23. SIGNATURE M. D. of other Address. Oate signed 4/23/4/		



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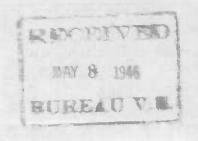
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

03736

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Fodomo Jahana (Pano 3)	state Maryland County Dorchester			
(If outside city or town limits, write RURAL and give nearest town)	State			
How long in above place of death? all of life	City or town Federalsburg (Rural) (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RUKAL and give nearest town)			
Hospital, Institution, or street address where death occurred: R • F • D • # 1	Street No. R.F.D.#1			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war.			
3. (a) FULL NAME	3. (b) Social Security Number			
Mary Elizabeth Washington	n			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION Chart			
female colored Married	about			
	2D. DATE DF DEATH April 22 19 46 at noon			
6.(b) Name of husband or wife. Thomas E. Washington	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	X 19 , 10 X 19			
7. Birth date of	and that I last saw halive on			
deceased (mo., day, yr.)				
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Chronic Myocarditis 3 mon			
5.3 x x hrs. min.	Chronic Myocarditis 3 mon			
9. Birthplace Maryland (Town, county, and state)	Due to			
(Town, tounty, and beate)				
1D. Usual occupationHousework	Due to. X			
11. Industry or business self				
量 12. Name John H. Cannon	Dther conditions X			
Monreland	Dther conditions			
pag 1 Tot out implicate	(Include pregnancy within 3 months of death)			
單 14. Maiden name Nancy Coulburn				
14. Maiden name Nancy Coulburn Maryland	Major findings of operations.			
	Date of op.			
16. Interment Thomas E. Washington	Antopsy results			
Address Federalsburg, Md. R.F.D.#1	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide			
(Burial, cremation, or removal. Which?) (month) (day) (year)				
Cemetery or crematory tedans Tell Committee	Where did injury occur?			
location Jederaldrug, md.	Injured at home, farm, industry, public place (where?)			
A A CALLON	Means of Injury injured at work?			
18. Funeral director A armed W Wenner	means of injust			
Address Federalsburg md.	On Bolling Diment			
ahi 109 11 (10) 11.11	23. SIGNATURE M. D. or other			
19. Chord 2 3 19.46 Chusto Hosting (Differed'd by registrar) Registrar	Combattan Md			
(Difte rec'd by registrar) Registrar	Address Campilage, Ma. Date signed Apr. 20/			



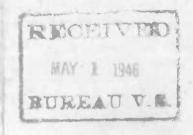
03737/16

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Dorchester Maryland Cambridge city or town limits, write RI (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Washington St. Hospital, Institution, or pireet address where death occurre (If rural, give LOCATION) How long in hospital or institution, 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: 10. Usual occupation. 11, industry or business 13. Birthplace (Include pregnant) within 8 months of death) 14. Malden na 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the follows Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury 23 SIGNATURE

information carefully. The of death clearly and legibly MARGIN RESERVED FOR BINDING causes item of write Supply U important. s especially WRITE PLAINLY

PLEASE

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Dist	MI.	116

1. PLACE OF DEATH: 12 pt a leader	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infanto give residence of mother)
City or town	State County
How long in above place of death? 62 Gears	(If outside city or town limits, write RURAL and give nearest town
Hospital, Institution, or street address where death occurred:	Street No. 3 / Choplants are.
42 4015	(If rural, giv LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Bertha L. Wright	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tewale while wednowed	_ 20, DATE OF DEATH Upril J 19 46, 21 /
Jd. Martin Wresh	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	april 4 1944 10 april 5
7. Birth date of	and that I last saw h. allye on
deceased (mo., day, yr.) 8 AGE: Years Months Days If less than one day	Immediate cause of death Chromes Browshittle
8. AGE: Years Months Days If less than one day	I Trul astrenit from afrime
magil	atti oreani
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation It rusewife	Bus de
11. Industry or business	Dua to
	Other conditions
12. Name John doyle 13. Birthplace Maryland	
	(Include pregnancy within 3 months of death)
mand	Major findings of operations no operations
I 15. Birthplace,	Date of op
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistics
Address Authority 700	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remayal/Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
1 Lines T Regisch	Where did laiury occur?
Cemetery or crematory	
Location Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

HARGIN RESERVED FOR BINDING

VS A15

REGRESS OF B

Physicians: please write

The correct age

1. PLACE OF DEATH: Dorchester

Cambridge

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (920)

113739

CERTIFICATE OF DEATH

 USUAL RESIDENCE (HO (For newborn infants give re 	ME) OF DECEASED:
	County Dorchester
City or town	ge town limits, write RURAL and give nearest town)
Street No	
/10	rural, give LOCATION)

3. (a)	FULL NAM	E				
	Samuel	Wright				
4. Sex		5. Color or race	6.(a) Single, mari	ried, widowed,	or divorced	

. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Male	White	Ma	rried	
(b) Name of husband o	r wife Jennie	Elli	ngsworth	
. Birth date of deceased (mo., day, yr	October	6.	(c) It alive, give age5.8years	
. AGE: Years	Months	Days	it less than one day	
82	5		hrsmln.	
	st New Mar (Town. co armer-Wate	unty, and		

8.	AGE:	Years	Months	Days	it less than one day
	82		5		hrsmin.
					Dor. Co. Md. state) Engineer
11.	industry or b				
FATHER	13. Birthnia	ce	el Mart Maryl	and	
MOTHER	14. Maiden	name Sa	arah Sus	sie Mil	ls
MO	15. Birthpla	ce	Marylar	nd	
16	[nformant]	Hospi	tal Reco	ords	
					. Maryland
					eet April 5, 194
			idge.		

18. Funeral director. LeCompte's Funeral Service

Cambridge, Maryland

(Date rec'd by registrar)

Ī	MEDICAL	CERTIFICATION
	0	

3. (b) Social Security Number

21. I CERTIFY that death occurred on the dato above stated: that I attended decoa October 23	19.45
Immediate cause of death	DURATION
Chronic Myocarditistic Myocardial	More than 3½ yr
Due to / Senility	****************
Other conditions Psychosis with Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)	5 yrs
Major fiediogs of operations.	
Date of op	

PHYSICIAN: Please	underline the	caose to	which	death	should	he charged	statistically.
22. VIOLENCE: It d	eath was due t	o external	causes.	fili le	the tollo	wing:	

Acciden	t, suicide	, or non	11G10 E	Pare	V1
Whore	did loiney	occur?	•		
1111010	ara injury	000011	(City or town) (C	County)	(5

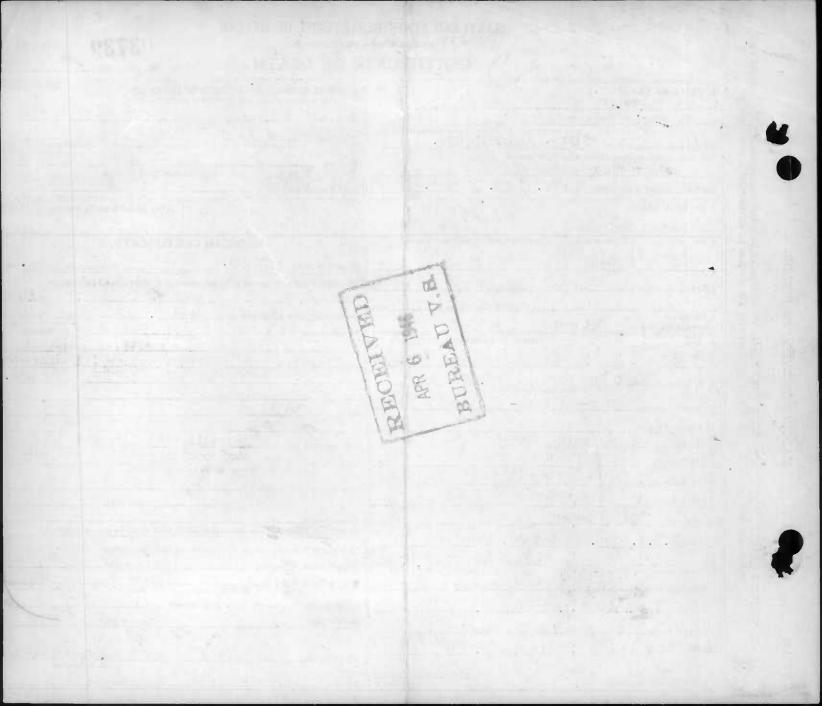
				(City of town)			(County)
niurad	at home	tarm	Industry	nublic	niace	(where?)	

Injured at work? Means of Injury

Cambridge, Md

and the state of the same and a beautiful a





2411 N. Charles St., Baltimore 83-2

03740

		400	
CERTIFICATE	OF	DEATH	1

Reg. Dist. No. 116

3. (b) Social Security Number

.. Date signedA.p.r. 22/46

(3)	age
	The correct age
	THE
9	ion carefully.
	ry item of information carefully. T
OR BINDING	every item of informatite the causes of death
OR	evel ite

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply tant. Physicians: please wr

WITH UNF

is especially

PLEASE WRITE

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother)	
tate Maryland county Dorche	ster
ity or town Cambridge (If outside city or town limits, write RURAL and	l give nearest town)
treet No. 15 Hubbard St.	
(If rurnl, give LOCATION)	
.(a) If veteran, name war	

(a) FULL NAME				
	Lucil	le B	essie	Yates
. Sex	5. Color or race	6.(a)Single	, married, widow	ed, or divorced
female	colored	3:	ingle	
(6) Name of husband o	wlfe	х		***************************************
. Birth date of				geyears
deceased (mo., day, yr.				
. AGE: Years	Months		If less than o	
43	4	28	hr	s min.
. Dillipia 00	Conning	ounty, and s		***************************************
D. Usual occupation			Y.W.AJ	***************************************
1. Industry or business	Canr			
12. Name	unknown	1		
13. Birthplace		X		
14. Malden name	unkr	nown		
15. Birthplace		X		
6. Informant Fre				
Address 192	24 N. 21s	st St.	Phil	adelphia
(Burial, cremation,	Wanch	Date there	(month	25-46 ^P 8.
Cemetery or crematory	Cambr	ldge,	Md.	***************************************
Location	P 3	7	***************************************	
B. Funeral director	Cambrid	ge, M	d.	

John Maco

/Registrar Address....

	MEDICAL	CERTI	FICATION	1	
20. DATE OF DEATH	April	20	19	46 at	6-30A
21. I CERTIFY that deat	h occurred on the dat	e above slated	; that I attende	d deceased	from
	x	.19	to	X	19.
and fhaf I last saw h					
Immediate cause of de	onohnol	Ц- о			DURATION
	erebral	naemo	orruage	3	oo min

Due fo					***************************************
************************					******************
Due to					
Other conditions					
utner conditions	************		***************************************		**********************
(Inclu	de pregnancy withi	in 3 months o	f death)		
Major findings of opera					
		***************************************	Date of op.		*********************
Antopsy results PHYSICIAN: Please un					ticalty.
22. VIOLENCE: If deal	th was due to externa	l causes, fill	in the following:		
Accident, eulcide, or hor	m/clde,	0===+++++++++++++++++++++++++++++++++++	Date of .		********************
Where did injury occur?	(City or tow	wn)	(County)	(St	ate)
Injured at home, farm, I	ndustry, public place	e (where?)			*****************
Means of injury			tnjured at work	?	
0 1	1 01		~	2	10
23. SIGNATURE	othe	worth.	And	Med	Exm
28, SIGNATURE		Mothelin both both	W. borndelle &	I. D. or otl	ner

Cambridge, Md.

VS A15

RECEIVE

APR 26 1946

BUREAU V &